

TOTAL STATE SERVICE VERIFICATION REQUEST

Employee Name _____ SSN# _____

Personnel must verify previous state or local county government service. Please list below any service you believe to be creditable. Include telephone numbers if at all possible, as well as the name of a contact person.

Total state service shall include on a month-for-month basis, all permanent, probationary or time-limited appointment. **Please refer to the back of this form for a list of CREDITABLE AND NON-CREDITABLE Service.** All dates supplied to the Personnel Office will be verified before your Total State Service Date is determined.

PRIOR STATE SERVICE

1. Name of Department or Agency: _____

Address: _____

Contact: _____ Phone #: () _____

Dates of Employment: From: _____ To: _____
mm/dd/yy mm/dd/yy

Leave Without Pay: From _____ To: _____
mm/dd/yy mm/dd/yy

2. Name of Department or Agency: _____

Address: _____

Contact: _____ Phone #: () _____

Dates of Employment: From: _____ To: _____
mm/dd/yy mm/dd/yy

Leave Without Pay: From _____ To: _____
mm/dd/yy mm/dd/yy

3. Name of Department or Agency: _____

Address: _____

Contact: _____ Phone #: () _____

Dates of Employment: From: _____ To: _____
mm/dd/yy mm/dd/yy

Leave Without Pay: From _____ To: _____
mm/dd/yy mm/dd/yy

If you need additional prior state service, please make a copy of this form.

CREDITABLE SERVICE

Credit shall be given for:

1. Permanent employment with ANY State Agency (20 hours or more a week)
2. Public School System of North Carolina
3. Community College System
4. Administrative Office of the Courts
5. Social Services (County)
6. Mental Health (County)
7. Health Department (County)
8. County Agriculture Extension Service (now called Cooperative Ext. Services)
9. Alcoholic Treatment Centers (ATC)

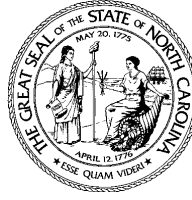
NON-CREDITABLE SERVICE

Credit shall NOT be given for:

1. Temporary service (except General Assembly employees)
2. Out-of-state service
3. Federal employment
4. City employment
5. County employment (except as indicated under Creditable Services above)
6. Sheriff's department
7. Police department
8. Time while out on Leave Without Pay
(Except for military leave and worker's compensation leave)

NOTE:

Creditable service is creditable towards vacation, sick leave, longevity, service awards and total state service.



North Carolina Department of Health and Human Services

Date _____

MEMORANDUM

TO: Human Resources

FROM:

SUBJECT: Request to Verify Previous Employment for Total State Service

The person named below has listed your agency as a previous employer. Please read each question carefully and complete the requested information in order for our office to determine this employee's total state service. Thank you for your assistance.

•• IS YOUR AGENCY SUBJECT TO THE STATE PERSONNEL ACT? Yes ☐ No ☐ ••

NAME: _____ S.S. # _____

CLASSIFICATION: _____

DATE(S) EMPLOYED: FROM: _____ TO: _____

DATE(S) OF LEAVE WITHOUT PAY: FROM: _____ TO: _____

TYPE OF APPOINTMENT: PMFT ___ PMPT ___ (if part-time, # of hours per week) : ___ TEMP. ___

If employment is with the School System, was this a full 9-or 10-month contract? YES ☐ NO ☐

If NO, please indicate # of months worked: _____

AMOUNT OF LEAVE TO TRANSFER: (Please indicate amount in hours & minutes) _____

COMMUNITY LEAVE _____ ADVERSE WEATHER (to be made up) _____

ANNUAL LEAVE _____ SICK LEAVE _____ BONUS LEAVE _____

DOES YOUR AGENCY PAY LONGEVITY? YES ☐ NO ☐

If Yes, please advise amount _____ paid for _____ months.

SIGNED: _____ TITLE: _____

DATE: _____ PHONE: _____

Form #6120
Date:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LONGEVITY ELIGIBILITY DETERMINATION

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

ADJUSTED STATE SERVICE DATE

LONGEVITY ELIGIBILITY DATE

AGGREGATE SERVICE

Agency/Institution

Employment Dates

Type
Appt.

LWOP Dates

Total
Creditable
Service

Longevity Spreadsheet Report

EMP. NAME	LWOP DATE	SS #	ASSD DATE	Month LED	Year LED	COMMENTS
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